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Hands Caked With Mud

By Jackson Mierl

His hands were caked with mud as he lay motionless in the trauma bay. The activation team swirled around him, cutting away his flannel shirt, blood-soaked jeans, and mangled boots. “Pedestrian versus train,” someone said to me as I jotted notes regarding his presentation. Incomplete autoamputation of the left leg. Crushed right ankle. Bilateral posterior hip dislocation. Age unknown. No identification present. The team acted fast on the primary assessment before moving him to the OR. There was not a second to waste.

The residents and I worked to stabilize him by completing amputations of both legs. We moved our patient on to the operating bed and straightened out his legs and arms. His hands were still caked with mud. We scrubbed in. The gigli saw wire was prepared. The sound of the metal raking against bone lingered in my mind long after the surgery. Blood soaked the gowns of everyone on the operating table, including myself. “Can you put the leg into the specimen bag,” said the resident, “Usually the med students love to hold the amputations.” Shock, awe, and sadness swelled inside me as I pushed the emotions back to hold the leg. It was heavier than expected. I placed it in a red bag labeled “biohazard.”

After the amputation, the ortho team tried to manually reposition the man’s femur back into the acetabulum. A different resident leaped on the exam table and yanked at the stump, struggling to maintain her grip. Blood dripped on the floor and his caked hands moved listlessly with each pull of the small resident. It was to no avail. The team tried to use rope and tape to gain leverage on the leg. The resident told me pull as hard as I could while she rotated and pushed the leg inward. No luck. Attempts were made by the intern and nurses. Skin rashes began to appear on his thigh. The team decided to break and prepare for an open reduction procedure, a more invasive orthopedic surgery. My resident instructed me to stay and assist with the orthopedic team.

I admired the valiant trauma team in their decisive and efficient actions to care for this man, but I felt that he had become an object rather than a person while witnessing the scene. An object being yanked and pulled. It was difficult to grapple with the turmoil inside myself while the trauma team remained calm and composed with hardly a blink or pause as they operated.

At the same time, I knew that those who constantly work in trauma must adapt quickly to the visceral traumatic scenes that they bear witness to. Many compartmentalize their emotions, tucking them away as they operate. This desensitization process can often be necessary to function effectively and quickly. It allows providers to perform the best for their patients. How could we provide for this man if we became immobilized by shock or sadness?

In the pause between surgeries, I sat on a stool listening to the soft murmur of nurses prepping the room. The man’s caked hands were stretched out to his sides. Were they calloused or soft? What did he do for a living? I grabbed a wet sponge and pulled the stool near his arm. I flaked the crust off his hands. I flipped the sponge and scrubbed more. I wanted his hand to

be as clean as his arm. We clean our patients at the surgical area after we operate, why not his hands as well? He deserved that decency. I scrubbed harder.

“Here,” a nurse tapped my arm and handed me an alcoholic solution, “this will help cut through the dirt.” She poured some of the sponge and I rubbed it on the man’s hands. Slowly, the dirt faded, and his hands looked pale instead of crusted. I could now see the callouses along his palm. We finished the left arm and continued to the right. I thanked the nurse and was glad someone had joined me.

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I had wondered if I were doing this more for him or for myself—I knew this would not affect his operation or his treatment course in the hospital. But how could it be wrong to remind myself of this man’s dignity and reconnect with that? The peril of treating disease and sickness constantly is that you risk beginning to only see the problems as disease. But here laid a man, not an object, and I did not want to forget that. I allowed myself to feel his tragedy as I cleaned his hand. I did not want to ignore the intensity of sadness and compassion for him. For even though I did not know him, these emotions and compassion are the silver thread that connects us and highlights our shared humanity.

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